Form **8871** (July 2000)

Political Organization Notice of Section 527 Status

OMB No. 1545-1693

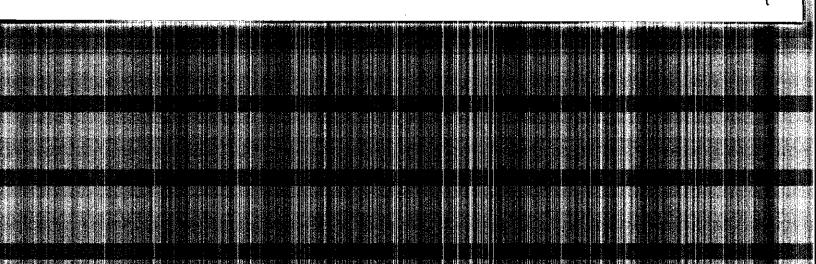
Department of the Treasury

temal Revenue Service				
Part General Information Name of organization			Employer identification	
Spillner for	Assembly	· (Employer identification number Roplico for	
Mailing address (P.O. Box or numb W3490 Fore	er, street, and room or suite n	umber)	39-2002137	
City or town, state, and ZIP code	I. 53949		or award,	
E-mail address of organization				
a Name of custodian of records	4b Cust	odian's address	010	
Barbara Wada	,	05590 COUNT		
a Name of contact person	5b Cont	Endeavor, WI 53930 5b Contact person's address		
oan Wade Spil		5b Contact person's address W3490 Forest Trail		
		lontello, WI		
Business address of organization (if	different from mailing address	shown above). Number, street, and	d room or suite number	
City or town, state, and ZIP code				
art II Purpose			**************************************	
Describe the purpose of the organization	zation			
art III List of All Related E	ntities (see instructions)			
a Name of related entity	8b Relationship	8c Address		
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OGDEN, UT				



Cat. No. 30405V

Form **8871** (7-2000)



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Part IV List of All Offi 9a Name	-0.9, 01	9b Title	mpensated Employees (see instructions) 9c Address
Barbara Wo	de	Treasurer	W5590 County Rd. O Endeavor, WI. 53930
			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
· · · · · · · · · · · · · · · · · · ·			
•	*		
Revenue Code, and the it is true, correct, and	nat I have ex complete.	are that the organization named in kamined this notice, including accordance and a supplementary and a supplementary and a supplementary are that the organization named in kamined in the control of the	Part I is to be treated as an organization described in section 527 of the Internal impanying schedules and statements, and to the best of my knowledge and belief,
Sign Signature of au	ithorized of	ficial .	Date Form 8871 (7-2000)